DR 2375 (10/97)
COLORADO DEPARTMENT OF REVENUE
AIR PROGRAM
DENVER, CO 80261-0016
(303) 205-5600

## **CONSUMER COMPLAINT**

Please fill out the form below and mail it to the above address. Please type or print clearly.

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Home Address		City	State	Zip	
Vehicle Model Year and Make	License Plate Number	Vehicle Identification Number	I	Mileage	
Complaint Information	I	1		I	
Dealership/Station Name		Telephone			
Address		City	State	Zip	
they happened and include dates, na List all witnesses, addresses and p  Please include legible copies processing. If you enclose any documents.	none numbers. Please of the documents relation	use additional 8 1/2 x 11 pa ng to your complaint. Failur	per, if needed.  re to do so may	cause undue delay in	
The AIR Program will invest Emission Program in Colorac resolution of complaints. Office	igate reported violations. Officers are autho	rized to advise complain			
Signature					